

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99872

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Samuel Hard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 Years, 6 Months,

Color, white

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Printer

Occupation,

Howard Co. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

22 years

Duration of Residence in the City of Baltimore,

785st Pratt St. 2nd door from Scott.

Place of Death, { Give Street and Number. }

Phthisis

Cause of Death, { First (Primary), Second (Immediate), }

Exhaustion

Duration of Last Sickness,

5 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 19 1887

W. Warfield

M. D.

{ Undertaker, Jos B. Cook

Medical Attendant,

{ Place of Business, 1003 W Baltimore St.

Balto. Gen. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department of the City of Baltimore.

Permit No. 99873

Office of Registration of Vital Statistics.

Ward 16^g

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jacob D. Downey

Sex, Male or Female, { Cross out the word not required in this line. }

70 Months, 28 Days.

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 19th 1887

{ Undertaker, W. J. Tickner & Sons

M. D.

{ Place of Business, 921 Eutaw Address, 578 Howard

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. 998 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

David Porteous

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, 1 Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

blacksmith

Scotland

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, { Give Street and Number. }

No 310 W. Hanover

Cause of Death, { First (Primary),
Second (Immediate), }

Apoplexy

Duration of Last Sickness,

Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20/87

{ Undertaker, W. J. Tickner & Sons J. C. Burch M. D.
Place of Business, 221 S. Eutaw Address, 511 Hanover Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 985

Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PRESENTED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albert G. G. Francke

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, 17 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give Street and Number. } 404 Saratoga St

Cause of Death, { First (Primary),

Second (Immediate), Meningitis Tubercolous,

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Park C.

Date of Burial, May 19, 1887

{ Undertaker, Geo Lenibach

{ Place of Business, 647 W Pratt St

Theodore Cooke

M. D.

Medical Attendant.

Address, 578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 99876 Office of Registrar of Vital Statistics. Ward 5 *m*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAY 19 1887
BALTIMORE
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.CERTIFICATE OF DEATH. *a*

Date of Death, May 17, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, — Months, — Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } *V*

Occupation, Laborer

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, { Give street and Number. } East St Court

Cause of Death, { First, (Primary). } Phthisis

{ Second, (Immediate). } Asthma.

Duration of Last Sickness, ? Dispensary Patient.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 19th 1887 Wall B. Potts M. D.,

{ Undertaker, W. H. Dingley } Medical Attendant.

{ Place of Business, East St } Address, 859 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 99877 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John Edward Myers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 27 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Labourer in Wilson's Brick-yard

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } Stockholm St # 805

Cause of Death, { First (Primary), Congestion of the Brain
Second (Immediate), Coma }

Duration of Last Sickness, 24 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Street

Date of Burial, May 18th 87

{ Undertaker, Gorrell & Hardy }

{ Place of Business, 1116 Cross St }

Address,

L. G. Sparrow M. D.
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99878 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

MAY 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Steiger

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

10

Years,

5 Months,

1 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

city.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1715 Chase St (E
Meiningitis -

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

14 day's

All the above information should be furnished by the Physician.

Place of Burial, H. Albersius

Date of Burial, May 19th 1887

D. R. Dugoe

M. D.

Medical Attendant.

Undertaker,

D. F. Thompson

Place of Business, No 915 W. Gay Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

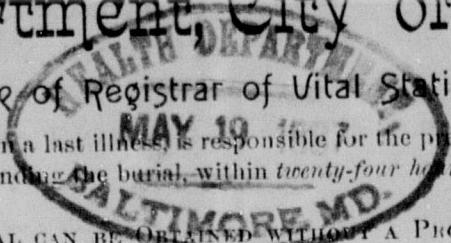
Permit No. 99879

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 19, 1887 P. M. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Matthew Sutton

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 32 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Fireman on Tug Boat

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime (1818)

Place of Death, { Give Street and Number. } 288 Alice Anna

Cause of Death, { First (Primary), Bright's Disease - Second (Immediate), - }

Duration of Last Sickness, Since December

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 20/87

JAMES E. DOWINELL M. D.
Medical Attendant.

Undertaker, Michael Funk

Place of Business, 1803 Banks Address, 1901 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99880 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 18-1887
Full Name of Deceased, Charles B. Today

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, (Cross out the word not required in this line.)

Age, 1 Years, 1 Months, 9 Days.

Color, W

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation,

Birth Place, (State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore,

Place of Death, (Give Street and Number.)

Cause of Death, (First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, May 19

Undertaker, Walter Immel

Place of Business, 594 W. Biddle St.

O. P. House

M. D.

Medical Attendant.

Address, corner of Long & Pressman St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

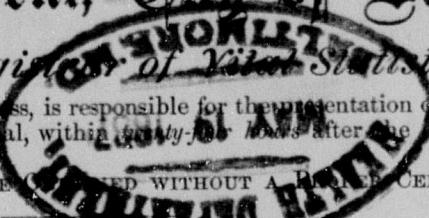
Permit No. 99881

Office of Registrar of Vital Statistics.

Ward 19^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PLACED CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

May 17 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rachael L. Lindsay

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 6 Years, — 4 Months, — 8 — Days.

Color,

Colored —

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Single — ✓

Occupation,

Kent Co., Md. —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 3 mos —

Place of Death, { Give Street and Number. }

618 Stockton al —

Cause of Death, { First (Primary), Burn from explosion of coal oil lamp — Second (Immediate), Ictarium }

Duration of Last Sickness,

14 days —

All the above information should be furnished by the Physician.

Place of Burial, Chester Town

Date of Burial, May 19, 1887

Undertaker, William Daugler John J. King M. D.

Medical Attendant.

Place of Business, 150 East St Address, 640 N. Carrollton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

46807 The family desire to remove the remains to Kent Co. Md for burial